

FEC FORM 9

2006 DEC 18 A 9:17

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name New Yorkers for Responsible Leadership

(b) Address (number and street) ☐ check if different than previously reported

108 E. 96th St. 9E

(c) City, State and ZIP Code

New York, NY 10128

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30000665

3. Is This Statement

New

or

☒ Amended

4. Covering Period

11 03 2006
through

11 03 2006

5. (a) Date of Public Distribution(s) 11 03 2006 (b) Communication Title Letter Revised

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes

No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒

No

8. Custodian of Records

(a) Name Kevin Fullington

(b) Address (number and street)

108 E 96th St. 9E

(c) City, State and ZIP Code

New York, NY 10128

(d) Name of Employer or Principal Place of Business

(e) Occupation

Herrick Feinstein LLP

Attorney

9. Total Donations This Statement

25,000.00

10. Total Disbursements/Obligations This Statement

19,989.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kevin Fullington

SIGNATURE

[Signature]

DATE

12/5/6

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A.	(a) Name Kevin Fullington	(b) Address (number and street) 108 E 96th St 9E	(c) City, State and ZIP Code New York, NY 10128	(d) Name of Employer or Principal Place of Business Herrick, Feinstein LLP	(e) Occupation Attorney
B.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor

21st Century Freedom PAC - Federal

Mailing Address of Donor

228 S. Washington St. #200

City

State

Zip

Alexandria

VA

22314

Date of Receipt

11 03 2006

Amount

25,000.00

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

25,000.00

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 9)

25,000.00

Disbursement(s) Made or Obligation(s)

PAGE 1 OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Chris Mottola Consulting, Inc.</u>				Date of Disbursement or Obligation <u>11 03 2006</u>	
Mailing Address of Payee <u>1382 Lafayette St.</u>				Amount <u>19,989.00</u>	
City <u>Cape May</u>		State <u>NJ</u>		Zip Code <u>08204</u>	
Name of Employer 		Occupation 		Communication Date <u>11 03 2006</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>TU ad - Lesser Revised</u>					
Name of Federal Candidate <u>JACK DAVIS</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NJ</u> District: <u>26</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee 				Date of Disbursement or Obligation 	
Mailing Address of Payee 				Amount 	
City 		State 		Zip Code 	
Name of Employer 		Occupation 		Communication Date 	
Purpose of Disbursement (Including title(s) of communication(s)) 					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>19,989.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<u>19,989.00</u>	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm

PREPARER

(3/2005)

12-18-06

DATE PREPARED

20060312H30